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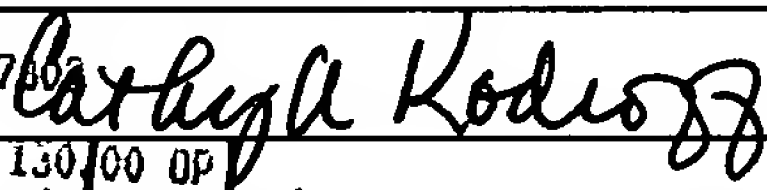
PTO/SB/21 (08-00)

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 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/807,802	
	Filing Date	04/17/2001	
	First Named Inventor	James M. Wilson et al	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	GNVPN.031USA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cathy A. Kodroff, Esquire Howson and Howson
Signature	
Date	11/29/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 			
Typed or printed name			
Signature		Date	

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NOV 29 2001



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PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 130.00

Complete if Known

Application Number	09/807,802
Filing Date	04/17/2001
First Named Inventor	James M. Wilson et al
Examiner Name	
Group Art Unit	
Attorney Docket No.	GNVPN.031USA

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 08-3040
Deposit Account Name Howson and Howson

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims		Extra Claims		Fee from below		Fee Paid
Independent	Multiple Dependent	-20** =	-3** =	X	X	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	130.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130.00

SUBMITTED BY

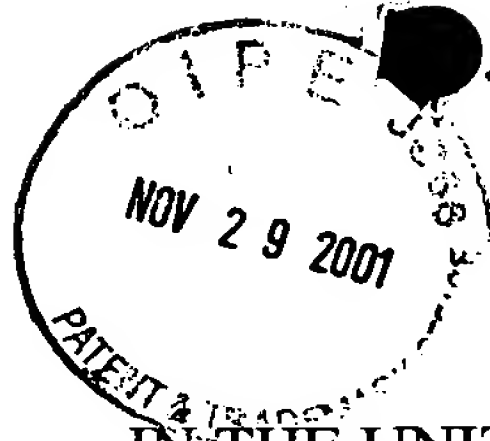
Complete (if applicable)

Name (Print/Type)	Cathy A. Kodroff, Esquire	Registration No. (Attorney/Agent)	33,980	Telephone	(215) 540-9200
Signature	Cathy A. Kodroff	Date	11/29/01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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Express Mail No. ET033635267US.



#5

GNVPN.031USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of) Group Art Unit:
James M. Wilson et al)
Appln. No. 09/807,802) Examiner:
Filed: April 17, 2001)
For: ADENO-ASSOCIATED VIRUS) November 29, 2001
SEROTYPE I NUCLEIC ACID)
SEQUENCES, VECTORS AND HOST)
CELLS CONTAINING SAME)

Commissioner for Patents
U. S. Patent and Trademark Office
Box PCT
P. O. Box 2327
Arlington, VA 22202

Attn: Application Division

Sir:

Applicants and the undersigned attorney herewith submit an executed Combined Declaration and Power of Attorney form for the inventor, Weidong Xiao, for the above-identified patent application as required under 37 CFR §1.495(c)(2) along with the appropriate surcharge fee of \$130.00 under 37 CFR §1.492(e).

Applicants and the undersigned attorney herewith submit the executed Combined Declaration and Power of Attorney form to complete the filing requirements of the above-identified patent application.

Adjustment date: 02/12/2002 JADD01
12/03/2001 JADD01 00000048 09807802
01 FC:105 -130.00 OP

Express Mail No. ET033635267US

12/03/2001 JADD01 00000048 09807802
01 FC:105 130.00 OP

The Director of the U. S. Patent and Trademark Office is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees paid on the filing, or during prosecution of this application to Deposit Account No. 08-3040.

Respectfully submitted,

HOWSON AND HOWSON
Attorneys for the Applicants

By Cathy A. Kodroff
Cathy A. Kodroff
Registration No. 33,980
Spring House Corporate Center
Box 457
Spring House, PA 19477
Telephone: (215) 540-9210
Telefacsimile: (215) 540-5818